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## \*BIBDATASHEET\*

CONFIRMATION NO. 1895

Bib Data Sheet

SERIAL NUMBER 09/520,578	FILING DATE 03/08/2000  RULE	CLASS 706	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. AND1P510
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/21/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 29	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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## TITLE

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